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COVER LETTER

TO:	Registration Se Division of Cor						
	NetImpac	t Strategies, Inc					
SUB	IECT:	Name	of corporation	n - must i	nclude suffix		
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Dear S	Sir or Madam:						
"Certi		e," or "Certificate	of Good Star	nding" ar	nd check are sub	oct Business in Flo omitted to register	
Please	return all corresp	ondence concern	ing this matter	r to the f	ollowing:	زره و (۱۱ مورس (۱۱ مورسه	JUN 2
Ravik	Ravikumar Kolli				25		
			Name of	Person		<u> </u>	P
NetIm	NetImpact Strategies, Inc		53 -				
			Firm/Com	npany		ç-ir-i	30
7600 I	Leesburg Pike, Suite	: 140				,	
			Addre	ess			
Falls (Church, VA 22043						
			City/State a	nd Zip c	ode		
statere	gistrations@netimp	actstrategies.com					
		E-mail address	s: (to be used	for future	e annual report	notification)	
For fu	rther information	concerning this n	natter, please o	call:			
Ravik	Ravikumar Kolli 540 454-9950						
	Name of Perso	n	Area Cod	le	Daytime Telep	phone Number	-
r	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle . 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclo	sed is a check for	the following am	ount:				
= \$7	0.00 Filing Fee	□ \$78.75 Filin Certificate			Filing Fee & ed Copy	\$87.50 Filin Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORA orp." "Inc." "Co." or "Corp.")	TED," "COMPANY," "CORPORATION,"		
NetImpact Strat	_			
If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacting bus	iness in Flo	orida)
Virginia		264603050 3.		
(State or count)	y under the law of which it is incorporat	ted) (FEI number, if applicat	ble)	
3/19/2009		5	<u> </u>	202
(Date	of incorporation)	(Date of duration, if other than p	erpetuat)	29 MUL 9202
6/15/2020			エリング	<u>=</u>
	(Date first transacted busi	iness in Florida, if prior to registration)	(7): 1	3
		607.1502, F.S., to determine penalty liability)	<u> </u>	PH
600 Leesburg P	ke, West Building, Falls Church, VA 22			
	(Princip	pal office <u>street</u> address)	平 三 二 二 二	30
			`````	
	(Current	mailing address, if different)		
		AD O. Day NOT appointed to		
	and the state of the state of the state of			
Name and <u>stre</u>	et address of Florida registered agent	(P.O. Box <u>NOT</u> acceptable)		
Name and <u>stre</u> Name:	et address of Florida registered agent CoGency Global	(P.O. Box <u>NOT</u> acceptable)		
Name:	CoGency Global	. Florida 32301		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
□ Chairman	Kavita Kalatur Name:	□Chairman	Name:
□Vice Chairman	7600 Leesburg Pike, West Bldg Address:	☐Vice Chairman	Address: 7600 Leesburg Pike, West Bldg
□Director	Suite 140, Falls Church 22043	□Director	Suite 140, Falls Church, VA 22043
President		□President	
□Vice President		■Vice President	
Secretary	☐Treasurer	Secretary	Treasurer
Other	Other	□Other	Other
☐Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	☐Vice Chairman	Address:
□Director		Director	30N 2
□President		□President	
□Vice President		☐Vice President	71. 7 -
Secretary	☐Treasurer	☐ Secretary	☐ Treasurer
□ Other	Other	□ Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	Secretary	☐ Treasurer
Other		□Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departn	tachment will be image nent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
12			
 -	Signature of Director	or Officer	
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numb alse information submitted in a document to the Depa	rtment of State constitu	utes a third degree felony as provided for in
13	RAVIKUMAR KOLLI, VICE	PRESIDEN	7

(Typed or printed name and capacity of person signing application)

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That NetImpact Strategies, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on March 19, 2009;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 21, 2020

Joel H. Peck, Clerk of the Commission

CERTIFICATE NUMBER: 2020062114599077